COMMONWEALTH OF KENTUCKY PERSONNEL CABINET 200 Fair Oaks, Suite 517 - Frankfort, Kentucky 40601

REQUEST FOR SPECIAL TESTING ACCOMMODATIONS

Complete this form if you need special testing accommodations.

The information that you provide will <u>not</u> be given to the hiring agencies. It will be used <u>only</u> to provide testing accommodations. You should answer only the questions that pertain to your needs.

NAME:	SOCIAL SECURITY NUMBER:	
What test(s) do you want to take? (List Titles		
When do you want to test?		
What is the reason for special accommodations?		
Will you need accommodations for: a. Reading test instructions or questions?b. Asking or answering questions?c. Sitting for several hours?d. Other	NO NO NO NO	☐ YES ☐ YES ☐ YES
what type of accommodations do you need? a. Do you need an interpreter? If yes, do you prefer? b. Do you need to use a visual tech? c. Do you need an exam in Braille? d. Do you need an exam tape recorded? e. Do you need an exam in large print? f. Other	NOAmerican Sign LanguageNONONONONONONONO	☐ YES ☐ Signed English ☐ YES ☐ YES ☐ YES ☐ YES ☐ YES ☐ YES
How do you want to mark your answers? Mark answers on a regular answer sheet Mark answers with Braille writer. Record answers on a tape recorder. Mark answers on a large print answer sh		
SIGNATURE:	DATE:	

Requesting testing accommodations will **NOT** affect your score on the examination.